Recreation Park Field House Distribution of Key(s) Agreement

Name:		
Address:		
Telephone:	(Daytime #)	(Evening #)
Organization	Representing:	
Reason for no	eeding key (s)	
Number of K	eys received: bathroom key	inside building
	fteen) deposit is required to received to the "Town of S	ive a key to the inside of the building. Stoneham". Thank you.
Check receiv	ved by	
Today's Date	»:	
Return Date:		
signed out for		t I am responsible for the keys that I have are not to be duplicated for any reason or Recreation Department.
and agree tha	- C	ion)lowed, than the consequences would be privilege of using the building for one
Applicant Sig	gnature:	
Date signed:		
Permission g	iven by:Christine DelRossi, Recr	eation Coordinator, 781-279-2630